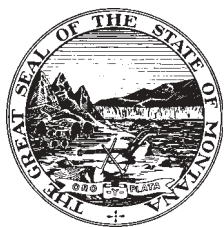


LICENSURE APPLICATION
TEACHER-ADMINISTRATOR-SPECIALIST
REINSTATEMENT



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
ATTN: Educator Licensure
(406) 444-3150
www.opi.mt.gov

—NOTICE—

**APPLICATIONS MORE THAN ONE
YEAR OLD WILL BE DESTROYED.**

MUST be completed in black ink.

Applicant:

Last Name	First Name	Middle Name	Former Name(s)
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Address:(Street, RFD, Box)

City	State	ZIP
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E-Mail Address:

Fully complete licensure applications are processed in approximately 2-3 weeks during the months of November through April and 4-6 weeks during the months of May through October due to the volume of requests.

Folio No.	Social Security No.	Date of Birth	Home Phone	Work Phone
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Fee Enclosed—\$30 per license
(Section 20-4-109, MCA)

Classes of Licenses:

- ☐ Class 1 Professional
- ☐ Class 2 Standard
- ☐ Class 3 Administrative
- ☐ Class 4 Career and Vocational/Technical
- ☐ Class 6 Specialist

Endorsements Requested:

Oath: Montana law requires you to subscribe to the following oath, which was included in your initial Montana Educator License application: "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana." I acknowledge that this oath is binding as long as I hold a Montana Educator License.

Initial _____

Specify the school year for which the license is being requested: 20 ____ - 20 ____

• IMPORTANT INFORMATION: Fingerprint-Based Background Check •

(ARM 10.57.410, 411, 413, 420, 433)

1 semester credit = 15 renewal units
All OPI renewal units are equivalent to graduate level.

- Classes 1, 3 and 4A (with a Master's degree)—
 - 60 OPI renewal units, earned during the five-year period preceding the validation date of the new license, or
 - 120 OPI renewal units earned during the nine-year period preceding the validation date of the new license.
- Classes 2, 4A (with a Bachelor's degree), 4B and 4C—
 - Three semester credits and 15 OPI renewal units or four semester credits earned during the five-year period preceding the validation date of the new license, or
 - Six semester credits and 30 OPI renewal units or 8 semester credits earned during the nine years preceding the validation date of the new license.
- Class 6—
 - Four graduate semester credits or 60 OPI renewal units, earned during the five-year period preceding the validation date of the new license, OR
 - Eight graduate semester credits or 120 OPI renewal units, earned during the nine years preceding the validation date of the new license.

List only higher education academic credits.

Institution	Dates Attended		Total Credits Earned	
	From	To	Semester	Quarter

List approved OPI renewal units (continuing education units).

Date	Approved Provider	In-Service Title	Renewal Units Earned

MONTANA EDUCATOR LICENSURE APPLICATION

CHARACTER AND FITNESS INFORMATION

Last Name	First Name	Middle Initial	Former Name(s)
Mailing Address: (Street, RFD, PO Box)		City	State ZIP

Social Security Number

	Yes	No
Do you currently hold a Montana Educator License?		
<p>Do you currently hold or have ever held a professional certificate, license, or other credential in any other field?</p> <p>If yes, please provide: State or Jurisdiction _____ Type of License _____</p> <p>Certificate Number _____</p> <p>Issue Date _____ Expiration Date _____</p>		

Answer each of the following questions by checking “Yes” or “No.” **If the answer to any of the questions below is “Yes,” please attach a separate signed, dated, and detailed explanation of each event, including the date of the event and the circumstances surrounding the event.**

	The questions apply to your experiences in Montana or in any other state or country.	Yes	No	Information Previously Provided to OPI
1	<p>Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in any field, including teaching, or is any such action pending?</p> <p>Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.</p>			
2	<p>Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct or is any such action pending?</p> <p>The scope of this question includes being dismissed from any teaching, administrative or specialist position for failure or refusal to fulfill an employment contract or any other misconduct associated with the teaching profession.</p>			

		Yes	No	Information Previously Provided to OPI
3	<p>Have you ever been convicted of a felony or misdemeanor crime in Montana or any other state or country or is any such action pending?</p> <p>You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of “no contest” (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact OPI Legal Division at (406) 444-4402.</p> <p>If the answer to this question is “Yes” please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.</p>			

Release of Information:

I am seeking a Montana Educator License. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Montana Office of Public Instruction and its agents. I understand and agree that such information may be necessary for the evaluation of my Educator Licensure Application. I release the Montana Office of Public Instruction and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.

I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license I am seeking.

Date

Applicant Signature

FOR OFFICE OF PUBLIC INSTRUCTION USE ONLY:

Fingerprint Background Check Complete _____

Investigation Complete _____

Application Approved: _____ Date _____

Comments:



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
www.opi.mt.gov
ATTN: Educator Licensure

REINSTATEMENT CHECKLIST

Please be aware that:

- **Incomplete application files will be returned without action,**
- **Fees paid are nonrefundable,**
- **Transcripts can be sent directly from the college or university.**

- ☐ Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, and physical address. (page 1)
- ☐ Have you completed the Character and Fitness Information? (pages 3-4)
- ☐ Have you completed and mailed the Criminal History Background Check Application to the Montana Department of Justice with a check for \$34 payable to the Montana Department of Justice?
- ☐ Have you included or requested official transcripts and/or OPI renewal unit certificates?
- ☐ Have you indicated what school year you wish to have your license validated? (page 1)
- ☐ Have you made your check or money order for fees payable to the OPI?